

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26662

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City Mo

Registration District No. 300

Primary Registration District No. 300

File No. 3415

Registered No. 3415

St. Ward

2. FULL NAME

(a) Residence. No. Carrollton Mo St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-'27

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
6 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bosworth Mo
(STATE OR COUNTRY)

10. NAME OF FATHER C. A. Potter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ella Swigert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Louis Leopard
(Address) Bosworth Mo.

15. FILED 8/28, 33 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28 19 33

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 19 33 to Aug 28, 19 33, that I last saw him alive on Aug 28, 19 33 and that death occurred, on the date stated above, at 4:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
(duration)yrs. mos. 2 ds.
CONTRIBUTORY Acute appendicitis
(SECONDARY) (duration)yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 27, 1933

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) L. P. Engel, M. D.

, 19 (Address) Kansas City, Mo
124 S. 5th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bosworth Mo DATE OF BURIAL Aug 30 19 33

20. UNDERTAKER Louis Leopard Und Bosworth Mo

